



eVetting Invitation Form

THIS FORM IS FOR CORU HEALTH PROFESSIONALS ONLY

V(8) For CORU use only
Application Reference:

To apply for eVetting:

1. Complete this form within Acrobat Reader on your computer by typing into the fields below.
2. Print the completed form and sign it by hand using a ball-point pen.
3. Attach a certified copy of your proof of your identity and proof of your current address to this form.
4. You must apply for registration online to CORU prior to submitting this invitation for vetting.

Once CORU has received this completed form and attachments and if all is in order, you will receive a vetting invitation by e-mail to the address provided below.

***Certified Copy Policy:** To certify a photocopy of an original document, a Solicitor, Commissioner for Oaths, Notary Public, a member of an Garda Síochána or Peace Commissioner must sight the original document and the photocopy of the document at the same time. The certifier will provide a signature, stamp and date on the photocopy which confirms that the photocopy is a true copy of the original document.

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename:	PLEASE USE BLOCK CAPITALS
Middle Name(s):	
Surname:	
Date of Birth:	DD/MM/YYYY FORMAT
Email Address (BLOCK CAPS):	PERSONAL EMAIL ADDRESS
Contact Number:	
The CORU register to which you are applying:	
Current Address Line 1:	
Current Address Line 2:	
Current Address Line 3:	
Current Address Line 4:	
Current Address Postcode/Eircode:	
Your Professional Qualification(s):	
College or University of study:	
Year of award of qualification:	

PROOF OF IDENTITY IS REQUIRED IN ADDITION TO THIS FORM

Please enclose a **certified copy*** of one of the following:

- | | |
|---|--------------------------|
| Photo page of your current driving licence: | <input type="checkbox"/> |
| Photo page of your current passport or <u>both sides</u> of your current Passport Card: | <input type="checkbox"/> |
| Photocopy of Public Services Card (both sides): | <input type="checkbox"/> |

PROOF OF YOUR CURRENT ADDRESS IS REQUIRED IN ADDITION TO THIS FORM

Please enclose a photocopy of **one** of the following, not more than 6 months old: **Tick if enclosed**

- | | |
|--|--------------------------|
| Recent utility bill (gas, phone, broadband or electricity): | <input type="checkbox"/> |
| Statement of results or correspondence from your college, university or SUSI: | <input type="checkbox"/> |
| Bank/building society/credit card or credit union statement: | <input type="checkbox"/> |
| Document from a state agency <u>showing your current address</u> (Tax related document): | <input type="checkbox"/> |

DECLARATION: I have provided documentation to validate my identity as required and I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Please tick this box to confirm that you have read and understand this declaration:

Your signature: **Date:**

IMPORTANT:

When this form has been completed, please print out the entire form, ensure that it is signed (by hand) and dated. The next step will be to upload the completed form with your online application on the applicant portal.